

P19000078540

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000309060 3)))



H190003090603ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
FALL MISSION FILING  
2018 OCT 18 PM 1:08

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION  
AMERICAN HOME HEALTH PROVIDERS OF BROWARD, CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:  
AMERICAN HOME HEALTH PROVIDERS OF BROWARD, CORP

### ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:  
13741 SW 49 CT  
MIRAMAR, FL 33027

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:  
KEVIN ABRAHAM  
13741 SW 49 CT  
MIRAMAR, FL 33027

SECRETARY  
FALLAHASSEF, ELI (M/D)

2019 OCT 18 PM 1:08

FILED

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

KEVIN ABRAHAM  
13741 SW 49 CT  
MIRAMAR, FL 33027

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

KEVIN ABRAHAM ( PRESIDENT & SECRETARY )  
13741 SW 49 CT MIRAMAR, FL 33027

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 14 day of OCTOBER 2019

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:  
AMERICAN HOME HEALTH PROVIDERS OF BROWARD, CORP

2. The name and address of the registered agent and office is:  
KEVIN ABRAHAM

(NAME)

13741 SW 49 CT

(P.O. BOX NOT ACCEPTABLE)

MIRAMAR, FL 33027

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 10/14/2019